

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

101582349

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
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TOTAL IND.	/		/		/	
TOTAL DEP.	8	↙	↙	↙	↙	↙
TOTAL CLAIMS	9	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↘		↘	↘
TOTAL DEP.			↖		↖	↖
TOTAL CLAIMS			██████████		██████████	██████████